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Third International Conference on the Reduction of Drug-related Harm

EDITORIAL

Samuel R. Friedman

Supportive environments for risk reduction by drug injectors: a call for innovation

Since early 1988, thousands of drug injectors in Bangkok, Rio de Janeiro and Northeastern India have become infected with HIV; in the USA, Spain and Italy, hundreds of thousands of drug injectors are infected as well. However, many drug users in these and other areas still remain free of HIV and attempts to maintain this situation must continue.

Drug injection is unlikely to disappear in any of these countries. At least in the less-developed countries and the USA, resources are likely to remain inadequate for drug treatment, AIDS prevention programmes targeting drug injectors and their sexual partners, and care for those who become infected.

Experience so far has shown that drug users can and do try to protect themselves and others against HIV infection; cities where such risk reduction has become widespread have seen declines in HIV seroconversions and stabilization of seroprevalence among drug injectors. Risk reduction seems to be the product of supportive environments providing: access to sterile syringes, bleach, condoms and other physical means of reducing risks; prior awareness of the danger of AIDS; and normative pressure and peer support for risk reduction.

Supportive environments may be especially hard to create among drug injectors. They are usually targeted for severe punishments and it is public policy in many countries to arouse community hatred towards drug use and enmity towards drug users. This often causes drug users to be secretive and sometimes to "go underground". Community and police pressures may drive users from one neighbourhood to another, which can result in both increased mixing of HIV-infected and uninfected drug-injector networks and the disruption of long-term networks which can form the basis for a risk-reduction subculture.

Nonetheless, successful experiences show that supportive environments can be built for risk reduction by drug injectors. These environments usually involve a combination of the following elements: 1) drug injectors themselves develop a subculture in which risk reduction becomes normative; 2) risk-reduction supplies are made available by public-health agencies, in cooperation with drug injectors' own organizations or through outreach by groups who have won users' trust; and 3) minimization of disruptive attacks on drug injectors' organizations and networks by police or community groups.

Three examples can be cited.

In San Francisco, California, a culture of AIDS prevention in the city allowed drug injectors to become aware of AIDS prior to a large-scale epidemic. Moreover, groups doing research on, and providing health services to, drug users developed an outreach programme guided by an ethnographic perspective focusing on the need to locate drug injectors' social networks and to form relationships with them. The programme not only provides supplies (including a quasi-legal underground needle-exchange system, called Prevention Point, based in the same friendship and cultural circles as the other outreach efforts) but also encourages the users to act on their own to promote risk-reduction norms. Before these activities started, seroprevalence in San Francisco was beginning to increase (from about 5% to about 15%); once these programmes got underway, seroprevalence levelled off at 12-15%.

Drug policy in The Netherlands has been heavily influenced by a harm-reduction approach emphasizing public and individual health rather than repression. This policy provides an environment in which drug users can organize and become active in HIV prevention efforts. Often, it is true, the immediate spark for organization was a situation in which local authorities were becoming more repressive; for example, the first drug users' union (in Rotterdam) formed 10 years ago in response to a municipal decision to implement mandatory treatment. The unions initiated the first syringe exchanges in the world and set up effective oral and written communication channels regarding AIDS. In Deventer, where local public policy permits, members of local drug users' unions have been hired as staff to provide outreach and syringe-exchange services to local user networks. Although there has been little research on the effects of the drugs users' unions on HIV spread in The Netherlands, it is noteworthy that the country has so far escaped the massive spread of HIV among drug injectors which has occurred in France, Italy and Spain. Seroprevalence has levelled off at about 35% in Amsterdam and remains lower in the rest of the country.

In New York City, national and city government campaigns have aroused community opposition towards drug users; this has carried over into opposition against projects which were distributing bleach as a risk-reduction tool and also led to the end of a short-lived official syringe-exchange programme. (An underground syringe-exchange project, on the other hand, has met with neighbourhood toleration and sometimes even friendliness and support.) Despite this hostile environment, drug injectors have undertaken considerable risk reduction and seroprevalence levelled off (at least in some parts of the city) prior to any campaigns.

We decided to try to organize drug injectors from the outside based on: 1) the success of gay community self-organization in promoting risk reduction; 2) the activities of drug users' unions in The Netherlands; and 3) evidence that risk reduction by drug injectors resulted from influence by peers and subcultural norms. This effort was initiated and evaluated by Narcotic & Drug Research Inc. and carried out in the field by the Association for Drug Abuse Prevention and Treatment (ADAPT). Some difficulties limited the degree of organization which developed but the project did show that group efforts can strengthen the development of risk-reduction norms and practices. Formal evaluation indicated that both drug injectors attending project activities as well as other injectors in the neighbourhood considerably reduced risk behaviours; one-third reported at follow-up that they always use condoms during sex and 60% that they had taught other injectors to use bleach.

Similar efforts elsewhere include: Australian groups comprising current users, ex-users and never-users; the Australian P.R.I.C.S., popular musicians working with drug-injecting youth to develop a risk-reducing subculture; and a new wave of drug users' organizations in Europe (notably Germany).

Such projects indicate that by building supportive environments we can help drug injectors respond to AIDS. Much remains to be learnt, however. We need to determine how to reduce official hostility and community opposition to projects of this nature, how to organize drug injectors and how to build coalitions between drug users and others in their communities who are concerned about AIDS. Thus, innovation is needed, as well as an understanding that the battle against AIDS requires a community environment which gives recognition to drug users' dignity and needs. ■

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PROGRAMME FEATURE

Comic-style materials in HIV and drugs education

Mark R. Gilman

***Smack in the Eye*, is a safer drug use "package" in the form of an adult comic book. The aim is to "promote" safer drug use and safer sex following a practical "harm-reduction" approach.**

To begin the *Smack in the Eye* project, we began speaking with a group of injecting drug users in Manchester, England, to establish some basic principles. These in-depth conversations suggested that harm-reduction messages would be best delivered by an agency seen to accept drug use as a normal behaviour which may lead to problems but is not indicative of any psychopathology.

We also examined previous drug-information campaigns, in the United Kingdom and elsewhere, to see what we could learn. In many past campaigns, people were encouraged to "say no to drugs"; the possible dangers of drug use were emphasized while balanced, factual information about drugs was omitted. This created a credibility gap between those sending and receiving the messages. With the emergence of HIV, some campaigns are now attempting to win back the confidence of drug users who have been socialized into a subculture which discounts official warnings of danger.

Another lesson learned was that harm-reduction messages need to be supported by providing easy access to clean injecting equipment. We also discovered that drug users had to be strongly encouraged to take HIV/AIDS leaflets; even then leaflets were often found discarded in adjacent streets. In contrast to the "one-off" leaflet which can be easily forgotten, we therefore chose an ongoing comic format which regularly repeats and reinforces harm-reduction messages using different characters and plots (an important element in health education drawing on the Health Belief Model). This proved to be a good move as within weeks of distribution of the pilot issue, it appeared that users were keeping their copies as souvenirs and cultural artefacts; having achieved collectable status, the comics are used again and again to entertain and inform new recruits to particular drug scenes.

Organizing drug users

Our first aim was to provide materials which injecting drug users themselves actually want to see and pass on to their

READEX FICHE

friends. There is a great difference between being given a boring official leaflet and being passed something "naughty" by a friend. We decided the best way to achieve this aim was to involve the target group in the production and distribution of the comics. In the past, the formation of drug users' organizations was difficult because both users and outreach workers were unclear about what such a group would do: by organizing around a specific activity, this could be overcome so with this in mind, a specific distribution system for *Smack in the Eye* was designed.

The comics are distributed to injecting drug users in contact with services (including the needle-exchange schemes) who then pass them on to their drug-using friends and acquaintances. A small cover charge printed on the cover gives the drug users the option of selling the comic to others so that they can use their entrepreneurial skills.

Humour as a tool to influence community norms

Putting together a comic that aims to be different to all other HIV information/prevention materials meant that we were consciously striving for a style and tone which would make the comic stand out, so that readers would remember both the medium and the message.

To this end, we deliberately chose to employ the language of the street and explicit portrayals of sexual activity and drug use. The street language clearly distances the material from more traditional health education approaches. Similarly, there is well-documented evidence that humour is evident among drug users even when the most serious issues are discussed: within a comic format, humour could thus be employed to attract attention yet leave behind a meaningful harm-reduction message.

Humour can be a very effective tool but is a double-edged one as it often requires a target. The problem is thus to create humour with a "sting in its tail". In identifying targets, one should focus on examples of unsafe practices and the attitudes which accompany them in an attempt to stigmatize these attitudes and behaviours. We found that this approach begins to foster a belief among drug users that certain high-risk practices are "illegitimate" and thus influences norms within the subculture.

Smack in the Eye as an outreach tool

In this "HIV era", agencies serving injecting drug users need to contact as many of the hidden population of users as possi-

ble. *Smack in the Eye* is accordingly being used as a tool to facilitate these contacts via outreach work. Workers are using the comics to open up a dialogue with injecting drug users about very sensitive subjects; they can discuss points made in the comics in a non-threatening way and several have reported that this is a particularly useful way to begin discussions about sexual behaviour with a group whose primary concern relates to reducing the harm resulting directly from injecting drug use. Moreover, the distribution of subsequent issues also forms a clear reason for maintained contact between outreach worker and clients.

Reaching non-injecting drug users

Some people are not engaged in injecting but in non-injecting drug use (using large amounts of stimulant and hallucinogenic drugs) and they are under-represented in prevention programmes. Accordingly, the Lifeline Manchester Project decided to adapt *Smack in the Eye* to reach this group.

First an "identity profile" of the group was made together with some young people who were already members of the target group; they appeared to be aged between 15 and 25 years, predominantly White and male from working-class backgrounds. They have grown up with drugs throughout their formative years and thus view their non-opiate drug use as normal and non-deviant behaviour.

To reach them with prevention messages, we revised two cartoon strips from past issues of *Smack in the Eye*; these were produced on a single sheet of brightly-coloured paper folded in half in small brochure fashion. One cartoon focused on the use of hallucinogenic drugs while the other contained advice for those arrested for drug offenses.

Distribution of the flyers took place via record stores and a fashion shop frequented on a regular basis by target group members. The flyers were eagerly received and together with some young people who approached us, an editorial board was formed for the production of further materials featuring "Peanut Pete", a character designed specifically to speak to this new target audience. Four such new comics have already appeared.

Benefits and problems

The use of explicit images of drug use, sexual behaviour and a liberal sprinkling of slang words has demonstrated that our agency has taken a risk. The production of *Smack in the Eye* is seen by injecting drug users as a positive step by us to "take sides" with them and this has had the effect of establishing this comic as a credible source of information intended to help, not hinder. If the target audience trusts the messenger, they are more likely to trust the message.

The adaptation of *Smack in the Eye* for non-injecting drug users has also proved successful; when the first comic featuring "Peanut Pete" appeared, an immediate surge in referrals of clients to services ensued. This has enabled us to become proficient in recognizing and assessing symptoms of mental health disorders which may or may not be drug-induced and the ongoing monitoring/research elements in our work allows us to record and respond to the target groups' specific needs for information. This has also led to a project to recruit young women to help develop materials for female non-injecting drug users who are mostly from relatively affluent working- or middle-class backgrounds. Besides drugs, they are interested in particular fashions, types of music and travelling to exotic places; the comic-style format may not satisfy the glamorous aesthetic presentation which they favour so other possibilities will be explored.

Our critics inform us that the boundaries which we have crossed are those of public decency. Many possible outlets are denied to the comic because health-care workers or their managers find the comic offensive. Although we accept that some people feel this way, we are more concerned about the drug users' reactions, which have been overwhelmingly supportive. This has led to plans to formalize production of two copies of *Smack in the Eye* per year and has strengthened our resolve to accurately target HIV and drugs information to particular groups in a way which both educates and entertains. ■

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Dear Diary
The story of a woman and a HIV test.
1990
S.I.T.E© 1990
I Went to see about having a HIV test today...
The counsellor explained all the pros and cons if I had the test.
SCRIBBLE
1990
My brain feels like a jelly. Thinking about what might be.
"WIBBLE WOBBLE"
We talked about how and who I would tell if I had the test.
I need to talk but can I trust anyone?...Mother christ how will she react.?
How would I tell Ted..?
I think about sex. Is this the end of my sex life? I need to be loved
What if I want to have a baby?.....

A sample page from Smack in the Eye

COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.

Thailand/USA

To prevent HIV transmission among injecting drug users, health officials in Bangkok have adapted an indigenous leader programme model developed in the USA. The model targets social networks of injecting drug users in community settings. Its objectives include encouraging individual risk assessment and providing viable options to high-risk behaviour.

In both countries injecting drug users participating in treatment programmes and former drug users are recruited as salaried outreach workers. At sites where drug injectors gather, they provide prevention information, promote risk-reduction measures and dispense risk-reducing materials such as bleach for syringe disinfection and condoms (in the US, sterile water and alcohol swabs are also distributed). They also provide referrals to drug treatment, health care and social services.

Because behavioural patterns affect the ease with which risk-reducing practices are adopted, the programme relies on ethnographic research to determine the most effective intervention strategies for a specific group. For example, it was found that drug purity and patterns of use differ markedly. In Bangkok, most drug injectors use high-grade heroin while in the USA multiple-drug use (including lower-grade heroin, cocaine and pharmaceutical drugs) is common. The Thai injectors generally have more regular drug-use patterns associated with narcotic dependence, while drug use patterns among American injectors vary depending on the specific drugs and drug combinations preferred. In particular, the widespread availability of cocaine in America contributes to more sporadic drug-using patterns marked by binges of intensive use. As a consequence, Thai drug injectors often find it easier to integrate risk reduction measures within their more stable drug using rituals, while American injectors must adapt a wider range of using practices.

The social networks of injecting drug users were also studied, since they form the focal point for interventions. In the Bangkok study, most drug injectors belonged to groups based on boyhood friendship networks which are highly visible and recognized subpopulations within the slum community. A smaller subset of injectors are marginal to the drug scene; they tend to hold full-time jobs, inject alone and only interact with other users for the purpose of procuring drugs. In the US, some networks of injecting drug users are visibly present at public sites while others interact primarily in private settings to obtain and inject drugs. The outreach workers must take these differences into account. Drug injectors who congregate in public may be approached in the streets, while outreach workers may require an introduction from a respected "insider" to access groups which primarily interact in private settings.

Experience in the two countries shows that the programme guidelines (a sequence of intervention stages and goals) are transferable if modifications are made to address local situations. For example, many programmes recruit "high-status" opinion leaders as injecting drug use prevention educators. In one US city, however, it was found that "low-status" users offered a unique prevention opportunity. To avoid being caught with needles, injecting drug users in this city "borrow" them from lower status users for a small fee or a "taste" of drugs. Project staff, therefore, developed a strategy to persuade these needle suppliers to disinfect their wares and to use this service as a "marketing" ploy to attract customers.

The indigenous leader approach is proving effective in both Thailand and the USA. *For more information contact: Dr Wayne Wiebel, AIDS Outreach Intervention Project, Epidemiology-Biostatistics Program, University of Illinois.*

Room 555, School of Public Health West, 2121 West Taylor Street, Chicago, IL 60612, USA; tel: 1-312-996-5523; fax: 1-312-996-0064.

Australia

Performers Releasing Information about Clean Syringes (P.R.I.C.S.) is a group of Melbourne musicians, comedians and actors from diverse backgrounds who are committed to spreading safe sex and safe injecting messages. This community group was established in December 1989 as part of a broad-based Victorian Intravenous Drug Use Campaign which complements needle and syringe exchange programmes. Whereas pharmacists and formal needle/syringe exchange programmes in Victoria State reach the more sophisticated drug users, they may not reach the younger occasional or recreational drug users.

A communication study among injecting drug users revealed that they had not found previous AIDS communication campaigns run by the government, as relevant to them. Generally, "the government" is seen by drug injectors as only being interested in stopping drug use and there is scepticism about the sincerity of any official efforts to prevent the spread of HIV among injecting drug users. Hence there was a real need to develop a component of the campaign which was accessible and relevant to young non-dependent drug injectors and was perceived as credible by them. Feedback from young people suggested that identities from the entertainment industry would provide a credible non-authoritarian source of information for them and that this industry may be able to reach sub-cultures which could not be reached using more traditional approaches.

The first step was a meeting with important members of the industry which resulted in a brainstorming of potential ideas. A low-key launch of the Intravenous Drug Use campaign was held with interventions targeted at the music industry. Interested performers later attended a meeting which resulted in the formation of a committed group who chose to call themselves PRICS. Since their first meeting, PRICS have continued to meet on a semi-regular basis and to expand their membership to include other musicians and comedians. Initially they agreed that the best way to start reaching the target group with messages about safe injection practices and safe sex was through solid ground work raising issues in interviews and with personal contacts, and delivering messages during performances. The Health Department education officer for the Intravenous Drug Use Campaign played a major role in facilitating PRICS and ensuring that they are familiar with the issues surrounding HIV and injecting drug use.

Members of PRICS determine their own level of involvement with the group and have taken part in a variety of initiatives. Some bands have dedicated particular performances as "PRICS" nights, where they would wear their t-shirts, distribute brochures, condoms and deliver safe sex messages from the stage. Actual use of a temporary needle and syringe exchange outlet during such performances indicates that the target group is in attendance on such nights.

In order to expand their work and access other groups, P.R.I.C.S. was funded to run a series of performance workshops for young people in youth detention centres (who are not just locked up during their sentence but also go outside for weekend leaves and work). Five performers from different musical backgrounds (eg. jazz, rock and roll, comedians) would conduct the workshops. The format of each session was tailored to the needs of each particular group, but the basic structure included: an initial introductory performance, informal open discussion around HIV transmission, prevention strategies, debunking of myths, explanation of risk taking behaviour, etc. Practical exercises in how to clean syringes using bleach and how to put on a condom correctly were also conducted. Trainees further participated in writing and performing songs about safer sex and drug use. The workshops are a great success. Currently PRICS are receiving eight requests a week from youth agencies for similar workshops to be conducted.

The "Entertainment Industry Strategy" is thus giving HIV prevention workers access to the hard-to-reach recreational or occasional drug injectors in a culturally appropriate and influential way. *For information, contact: Tess Pryor, P.R.I.C.S., Linden-St Kilda Arts Centre, 26 Acland*

Street, St Kilda 3182, Australia; tel. 61-3-52-55-546; fax: 61-3-52-55-534.

India

An estimated 20,000 intravenous (IV) or injecting drug users reside in Nagaland and Manipur States in Northeastern India; surveys have shown HIV seropositivity rates nearing 50% among them. The Indian Health Organisation (IHO) thus readily agreed to a request for an AIDS prevention programme by a youth organisation working with drug users, Tangakhul Mayar Nagala Long (TMNL).

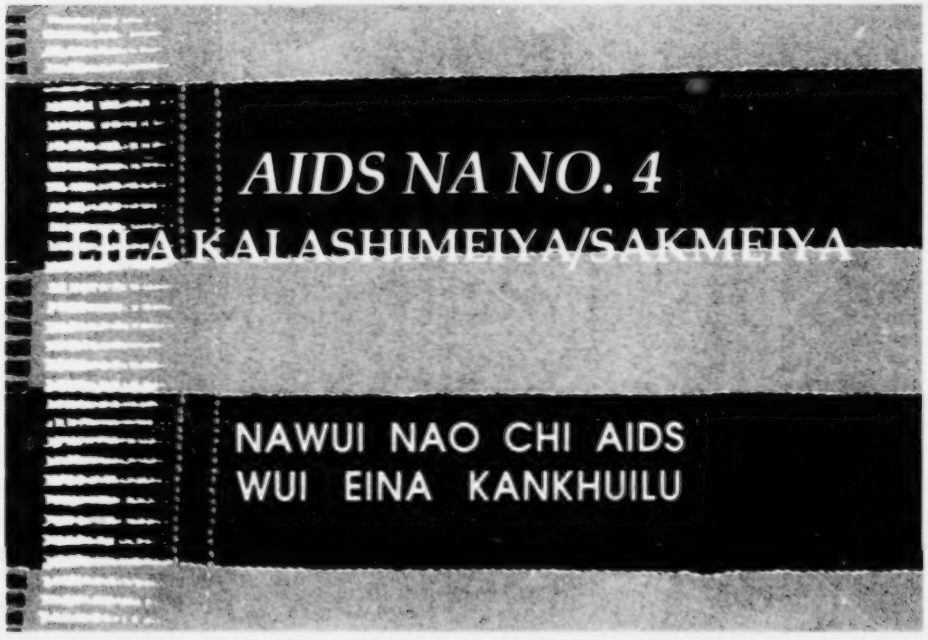
TMNL's group leader expressed scepticism about using "safer practices" guidelines as the central focus for the campaign. He was worried that the "orthodox" (mostly Christian) parents living in traditional villages would strongly object to this approach. Accordingly, IHO and TMNL decided that specific literature designed for the parents might provide a better starting point. Two leaflets and a handbill were prepared and pre-tested.

One leaflet carries the message "AIDS is more dangerous than IV drugs ... protect your child from AIDS". It is printed in the local dialect on a pattern from a traditional shawl and includes an insert depicting methods of cleaning needles and syringes which parents can pass on to their children.

The second English-language leaflet is directed towards the injecting drug users themselves. Information on the risks of needle sharing is combined with diagrammatic representations of needle/ syringe cleaning by boiling and bleach/alcohol use. Further information on AIDS transmission and prevention and the names of agencies offering rehabilitation services are also provided. An interesting feature which emerged during preparation of the leaflet was that the colloquial slang for intravenous heroin was "No. 4", since the abbreviation "IV" (for "intravenous") resembles the Roman numeral IV. As a consequence, all references to intravenous heroin are now made using the term "No. 4".

To cope with poor literacy, personalized group meetings at the village level are held; the handbill containing more detailed information for parents is passed out then. A portable exhibition of 10 panels with AIDS information is also available.

To widen support for the programme, leaflets for medical personnel, booklets for community leaders and planners, and a reference kit with information on legal and ethical issues, counselling and models of other campaigns were prepared. Church leaders have been specifically approached and four other agencies



working with drug users have received the materials, too.

Formal evaluation results are not yet available but informal reports are encouraging and community resistance has not been encountered. *For information: Dr Vijay Thakur, Indian Health Organisation, 30 Vora Bhuvan, Kings Circle, Bombay 400 019, India; tel. 91-22-851-0819; fax: 91-22-851-9020.*

The Netherlands

Many drug users are homeless and must use their drugs on the street or in "shooting galleries" (e.g., rooms in abandoned buildings without running water, etc.). Often they are poor and unable to afford equipment which can make injecting drugs safer (such as disposable needles or bleach to clean needles). In order to provide circumstances facilitating safer drug use, "safe places" have been established in various countries; one such successful project is found at the Paulus Church in Rotterdam.

The Church runs a social assistance drop-in centre which is run by 5 part-time staff-members and 150 volunteers. The centre is visited by 150-200 people a day; they include political refugees, homeless and lonely people, psychiatric patients and drug users. As activities at the Church and in the neighbourhood began to be disturbed by the drug users who were openly injecting or smoking drugs, it was decided in September 1990 to create the safe place so the drug users would not bother others.

The safe place, which is open from 10.00 a.m. to 3.00 p.m. daily, consists of a small room with tables and chairs at which 6-8 people can sit at one time. People are only allowed into the room when a chair is free and may stay for about 10 minutes. Afterwards, they can stay in the "social room", where tea is provided free, coffee and sandwiches are sold at a low price. New disposable needles can be obtained from an automat or from the staff (mostly volunteers) and condoms provided by the Municipal Health Department are distributed free. Since the safe place opened, disturbances in the building and neighbourhood have decreased greatly and safer drug use practices (e.g., the use of new needles) have increased.

Several elements have contributed to the project's success. First, cooperation was obtained from the police; although officially they cannot condone such an activity, they unofficially agreed to leave the space alone. This reflects a pragmatic approach: it is known that people with a drug habit will seek an opportunity to use drugs in any situation, so it was felt that providing an alternative which minimizes bothering others and contributes to practices decreasing the risk of spreading HIV is a practical solution.

A second contributing factor is the size of the space and the supervision provided. An older man, who worked for years in drug assistance programmes and who is highly respected by the users, is always present in the room to see that no-one stays too long and to ensure that dealers do not come into space (drug selling is not allowed in the building). As the room is small and the few visitors are always seated, he can maintain a good overview.

The final element contributing to success is the involvement of the drug-users themselves. They indicated a desire for such a space and also have a stake in keeping it going; they therefore cooperate in observing the house rules and see to it that their peers do so as well. They also assist the supervisor in maintaining order and evicting the occasional drug dealer who attempts to come in.

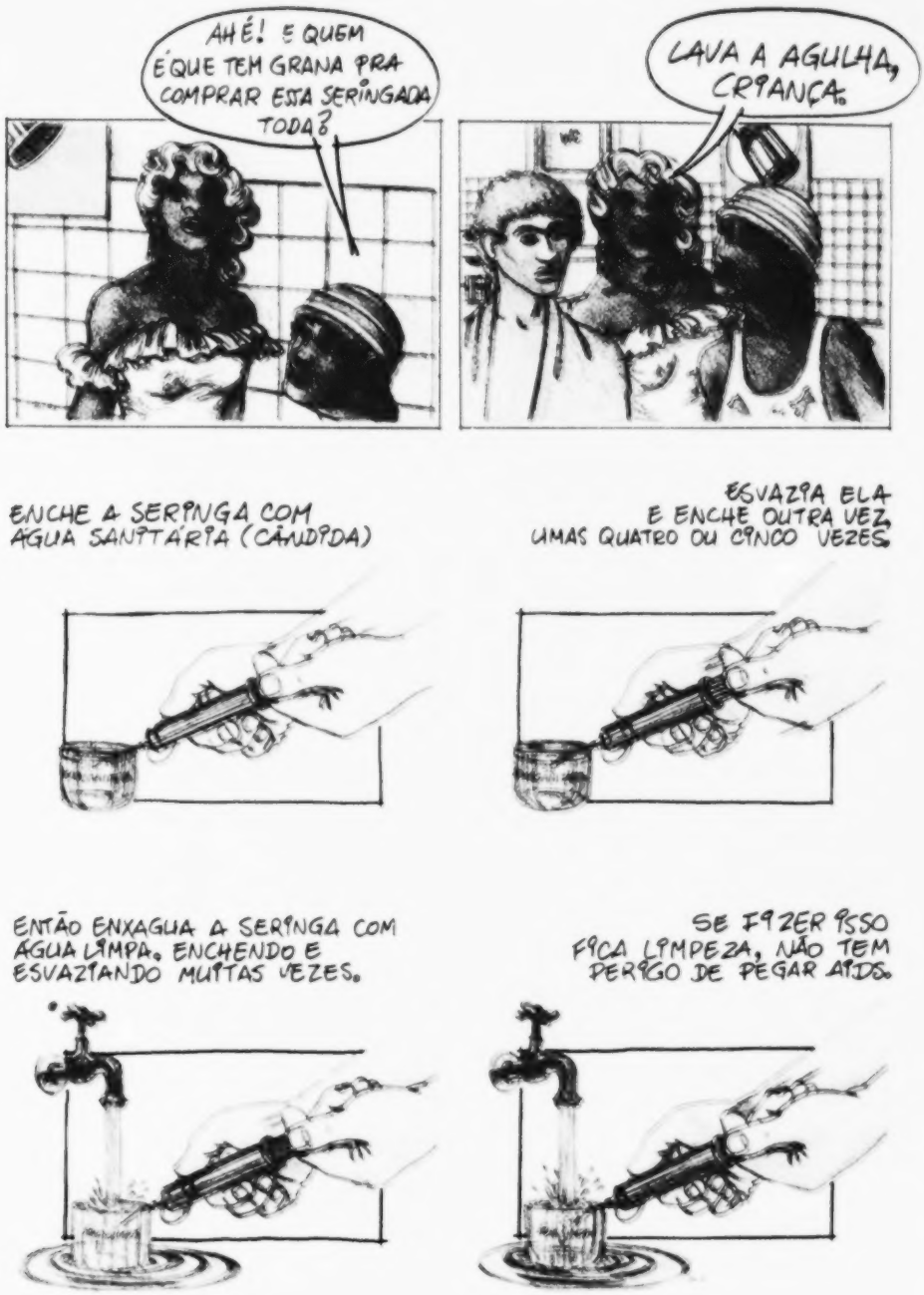
The success of the Paulus Church project has led to the opening of another safe place in Rotterdam which is open from 2.00 to 8.00 p.m.

Further information is available from: Reverend J. Visser, Paulus Kerk, Mauritsweg 20, 3012 JR Rotterdam, The Netherlands; tel. 31-10-413-5600.

Brazil

The nongovernmental organization ABIA produced a colourful comic book ("What's this about AIDS?") and a video based on the comic's drawings to educate street-children in Brazil on the dangers of such practices as inhaling fumes from glue or nail polish, taking pills, and snorting, smoking or injecting agents like heroin and cocaine.

The storyline follows a group of children who speculate about AIDS and its transmission. They seek information from a sex worker, doctor and nurse who


AH É! E QUEM É QUE TEM GRANA PRA COMPRAR ESSA SERINGADA TODA?
LAVA A AGULHA, CRIANÇA.
ENCHE A SERINGA COM ÁGUA SANITÁRIA (CÂNDIDA)
ESVAZIA ELA E ENCHE OUTRA VEZ, UMAS QUATRO OU CINCO VEZES.
ENTÃO ENXAGUA A SERINGA COM ÁGUA LIMPA. ENCHENDO E ESVAZIANDO MUITAS VEZES.
SE FIZER ISSO FICA LIMPEZA, NÃO TEM PERIGO DE PEGAR AIDS.

This page in ABIA's comic book for street-children explains how needles can be sterilized by rinsing with bleach and water

explain that HIV can be transmitted to and by both men and women (to combat the idea that it is a "homosexual disease"). Reasons for having an HIV test, where to obtain one and the procedures followed are also discussed.

Emphasis is placed on practical measures with which the children can protect themselves. Needle sterilization (using bleach) and condom use are illustrated and safer sex methods explained (including forms of sex not involving penetration). The need to support friends with HIV is the concluding message.

The video and comic book are also being used to educate adult slum residents. *For copies contact: ABIA, Rua Lopes Quintas 576, CEP 22460, Rio de Janeiro, Brazil; tel: 55-21-239-5171; fax: 55-21-294-5602.*

Spain

Injecting drug users are most affected by HIV infection in Spain's Basque region (80% of those with AIDS are current or ex-users), so the Basque Health Service and College of Pharmacists developed an intervention for them involving pharmacists as health educators.

The programme has gone through several phases. Background information was collected by surveying a representative sample of 200 pharmacists. This revealed that 92% of the pharmacies sell syringes to drug injectors (others requiring syringes, such as diabetes patients, receive them from health centres) and that 20% of pharmacists were already spontaneously informing and advising drug injectors on health matters.

Based on these results, an 'anti-AIDS kit' was designed for sale in the pharmacies. It includes a syringe, condom, rigid plastic container for syringe disposal and a leaflet on how to disinfect the skin and the syringe if a sterile one is unavailable. The sale price is 50 pesetas, a bargain since the individual components cost more (e.g., a condom sold alone costs 60 pesetas).

Simultaneously with initial distribution of the kits in November 1989, a press and tv campaign focused on the pharmacist as a health care agent who provides information on preventive health measures. In March 1990, 150 pharmacists attended an eight-hour training workshop; further follow-up included a two-day seminar with 150 participants in April 1991 and two meetings thereafter.

Two surveys assessed the programme after one year: one involved 200 drug injectors recruited from the streets and the other 397 pharmacists in 41 towns and villages. Familiarity with the anti-AIDS kit was reported by 75% of the drug injectors (81% among those tested for HIV and 88% among those using drugs more than once daily). Friends had informed 42% about the kit while 22% learned of its existence from pharmacists. Overall, 34.5% of the pharmacists said they took pains to offer the kit while 23% sell it upon request. The remaining 42.5% of pharmacists still offered traditional syringes because of commercial factors, moral or ethical objections, lack of interest, disagreement with administration of the programme or refusal of the kit by the drug injectors.

Forty-four per cent of the drug injectors said they used the kit regularly and 31% occasionally; apart from the syringe, 68% used the disposal container and 33% the condom. Of 50 drug injectors interviewed at greater length, 49% found the kit efficient because it helped them avoid infections, 79% asked for other items to be included for disinfection purposes so the kit was expanded to include two alcohol swabs and distilled water.

A more recent survey of 64 drug injectors showed that the syringe, alcohol swabs and distilled water were liked most, followed by the disposal container and informative leaflet. Requests were also made for filters or cotton swabs which are not in the kit. In general, condom acceptance was low, with women accepting them somewhat better than men.

Up to February 1991 a total of 500,000 anti-AIDS kits had been sold and demand is increasing. 33.5% of the pharmacists surveyed are attempting to provide health education despite difficulties (e.g., a sense of haste felt by the injecting drug users or the presence of other customers). The possibility of a syringe exchange programme is being investigated since 43.6% of the pharmacists would be prepared to collaborate in the scheme if their colleagues do so. *For information: Dr Daniel Zulaica, Unit for the Prevention and Control of AIDS in the Basque Country, Avda. de Navarra 4, 20013 Donostia-San Sebastian, Spain; tel. 34-43-282-709, fax: 34-43-277-501.*

Norway

Current drug users have been mobilized for HIV prevention in six Norwegian towns by the National AIDS Control Programme (NACP). The rationale for involving them instead of ex-users was two-fold:

- To change a culture from within, one must be on the inside. Ex-users normally no longer participate in the drug culture. When they do, they may not be considered trustworthy or may present themselves as a better kind of drug user, thereby creating a gap between themselves and others.
- Former users can easily get trapped into a position wherein the stigmatized label 'drug user' is permanently attached to them, even when they no longer use drugs. As a result, they may be left without opportunities to develop a new identity.

For these reasons, the NACP and municipal outreach agencies decided to cooperate with current users. So far, 111 have participated, 65 on a regular basis; 65% are injecting drug users. After being trained on HIV/AIDS and sexuality during seminars and regular group meetings, the project staff develop their own local initiatives. In all cases, heavy emphasis has been placed on sexuality; interventions focusing on issues ranging from sexual pleasure to sexual abuse. Practical training in negotiating safer sex and condom use is a central feature.

Local projects have adopted different approaches. In one town, two women invited younger girls still in the periphery of the drug scene to a seminar on sexuality. In another, drug injectors identified an urgent need for provision of clean needles and syringes in the evenings when pharmacies are closed. They organized such a supply system, using the venue to provide information on HIV-related issues.

Two main objections were raised when the programme began. One was based on a fear that the projects would indicate a more permissive attitude towards drug use, thereby increasing use. The other expressed doubts that such projects could be successful since the drug users' life-style was thought to be an obstacle.

Both objections have proved groundless. There is no indication that the projects have been taken as a signal of changed attitudes towards drug use. Moreover, the drug users take responsibility and show great enthusiasm for the work. They either postpone or adapt their drug intake in order to function well during meetings and activities. Because they are seen as important, necessary and responsible partners in HIV-prevention work, the projects are seen to express care for the target audience. Though there have been no demands that the participants become drug-free, an increased demand for drug treatment and life-style changes have been seen. *For information: Anne-Lise Middelthon, National AIDS Control Programme, Directorate of Health, P.O. Box 8128, Dep. N-0032, Oslo 1, Norway; tel. 47-2-348-888, fax 47-2-349-590.* ■

EVALUATION NOTES

Sexual transmission of HIV in drug users' networks: the social context and implications for intervention[1]

Stephanie Kane

Epidemiological statistics help identify people potentially at higher risk of acquiring HIV. However, they do not reflect the complex reality of people's lives. For example, a study among sexual partners of injecting drug users in Chicago, Illinois (USA), revealed that they do not necessarily perceive themselves as susceptible to HIV infection although their living circumstances may place them in higher-risk situations. Ethnographic research giving insights into the broad context in which such persons live can provide pointers for interventions targeting them.

The study was based on interviews with 35 African-Americans (17 men and 18 women, aged 23-59 years, who had had sexual relations with a drug injector in the six months prior to the interviews). They were recruited by a woman trained specifically to do outreach work among this group and paid US$ 30 for two interviews and a blood test.

The social context of drug use

The interviews helped construct a picture of the context of drug use. Noteworthy factors included: pervasive poverty, which leads to a somewhat chaotic lifestyle, and differing types of drug use by partners in a relationship.

The study participants, who lived in a slum area, faced numerous daily-life

pressures which precluded thinking about the possibility of HIV infection. Many of the women were unemployed with scarcely enough money for bare necessities or health care. The crime-ridden environment, with the pervasive presence of violence, made AIDS simply one more threat to well-being.

Some of the partners were also drug users but did not inject drugs; rather, they inhaled them intranasally ('tooting'). Though in this sense they were part of a larger drug-user subculture, they nevertheless belonged to a socially distinct group from the injecting drug users. They acquired drugs from different sources and had different acquaintances and friends. In addition, the partners who 'tooted' sometimes limited their own drug intake, which sometimes led to an increased sense of difference from the injecting drug users. One man expressed this as follows: 'Matter of fact, most of the guys I'm around have homes, families and they indulge just to a point and after that, that's it. They set a limit and they live by it. ... Whether you believe this or not ... to a point we look down on the other group and even though we may use, we call them dope fiends. I know that it's a snobbish attitude but we always try to keep ourselves away from the depth of it.' Messages targeting injecting drug users will thus not reach the partners and/or will not appeal to them.

Management of lifestyle differences

Most of the sexual partners said that they only found out that their partner injected drugs well after their relationship had been established ('I didn't even know that he had been messing with drugs until he told me ... after we got married. He just started using drugs about two years ago.'). When they first met, the injecting drug users were often in a relatively healthy phase of addiction (e.g. on methadone treatment) and only when they lost control over their injecting behaviour were they discovered. Other partners may have suspected the injecting drug use but tried to delay actual discovery as long as possible so as to avoid problems. By the time discovery occurred, the partners were already committed to the relationship and resolved to live with it and help if possible.

They managed their relationships by managing their differences. They did so by maintaining independent everyday routines. Time spent together was usually in a fixed place (e.g. the sexual partner's home) but meeting times were more spontaneous, depending on the tempo of street action. They came together for company, sex and accompanying economic benefits, unless specifically provoked, the drug habit was not discussed.

Varying ground rules were established to minimize the visibility of the injection ritual. In some cases the sexual partners did not allow injection in the home or in their presence. In other cases injecting drug users themselves placed limits on their use, as one woman explained: 'Some place you have to have a line that you draw, you know. It's like living a double life, you know. You get high or whatever, and you hang out. And then you come home and you go to bed. You take a bath. You get up in the morning. You put your clean clothes on ... and go to your job and play that role.' These rules allowed normalization of the relationship and the development and maintenance of long-term bonds by excluding the act of injection and its attendant practices from the domestic sphere and the sexual partners' consciousness.

The result of these coping mechanisms was that risks of HIV transmission were not reduced. The sexual partners did not identify themselves as members of a high-risk group. Moreover, the strategies used to maintain relationships helped make the acknowledgement of HIV-infection risks difficult: talking about needle re-use and unsafe sex means making explicit what has been left unsaid. If the sex partners have difficulty in acknowledging their partner's injecting behaviour, they may also have trouble acknowledging the risk of AIDS.

Lessons for designing interventions

The study findings indicated several relevant points for the design of interventions. First, prevention efforts must take into account the whole situation in which the target group is living. Variables affecting ability and willingness to confront AIDS include possibly having other sexual rela-

tionships besides the steady partner, lack of income, unemployment, illness and the pervasive threat of violence.

Among injecting drug users and their partners, awareness of AIDS as a motivating factor for risk reduction may change in importance in different phases of addiction. When people are in treatment programmes, the intensity of addiction is lessened and the economic and physiological burden it represents is reduced so that discussion of AIDS prevention measures might more easily take place.

Further, intervention programmes must recognize that a crisis triggered by acknowledging the risk of AIDS may either end a relationship or open the way to change. Responses may differ according to circumstances: some sexual partners will not want to cope with the strong negative emotions which discussion of condom use might evoke. Those already on the verge of breaking up may decide to simply end the relationship, while those committed to a relationship may decide to stop having sex until their partners are tested for HIV. Still others may choose to transform their understanding of risk so that they feel more comfortable with it, personalizing public health information so that it fits their situation.

Preventive action by injecting drug users and their partners needs to be jointly initiated via a negotiated, ongoing, inventive process that starts with acknowledgement of the problem. Addressing therapeutic concerns (regarding themselves, their partners and their children) may be a useful starting point. In any event, prevention programmes must use diverse channels to provide information. Strict distinctions between injecting drug users, their partners and the general public may not be useful or appropriate.

A final lesson learned from this study, which is relevant for prevention efforts targeting any audience, is that ethnographic description and analysis of a particular social context of HIV transmission can contribute to refining and thus improving interventions in the long term. One result may be avoiding risk-group typologies as a basis for programmes. ■

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Based on "HIV, heroin and heterosexual relations", published in *Social Science and Medicine*, Vol. 32, No. 9, pp. 1037-1050, 1991.

GPA NEWS

GPA recently launched *Global AIDSnews*, a newsletter devoted to the action taken by WHO and its many partners to curtail the spread of the AIDS pandemic and alleviate the suffering of those affected. Copies of the preliminary issue of *AIDSnews* were distributed at the VII International Conference on AIDS, Florence, 16-21 June 1991. Starting in 1992, *AIDSnews* will be issued quarterly in English and French.

From its inception in 1987, GPA has given high priority to communication. In addition to regular press releases and features, GPA issues technical guidance on subjects such as counselling about HIV infection, condom specifications, and combating discrimination against persons with AIDS.

Global AIDSnews now adds a dimension to communication between WHO and its many partners – political leaders around the world, national AIDS programmes, nongovernmental organizations, ministries of health, education and planning, intergovernmental bodies, donors, other organizations of the United Nations family, journalists, workers engaged in biomedical and social-behavioural research, and above all persons with HIV/AIDS who have been in the forefront of the global effort against AIDS.

To serve the needs of this varied global readership, *Global AIDSnews* will keep readers up to date on GPA activities, announce new GPA documents and publications, feature stories of successful HIV/AIDS activities from WHO Member

States, and answer readers' questions about HIV/AIDS prevention and care.

Global AIDSnews will also publish periodic updates of global HIV/AIDS statistics, estimates and projections, and will offer occasional interviews and guest articles on issues of special concern to the global AIDS community.

Free copies of the preliminary issue of *Global AIDSnews* may be obtained on request to: The Editor, *Global AIDSnews*, Global Programme on AIDS, World Health Organization, 1211 Geneva 27, Switzerland. Please specify whether you wish to receive the English or the French version. ■

GLOBAL BULLETIN BOARD

Conversations about AIDS and Drug Abuse, a 27-minute video, discusses AIDS from the perspective of eight injecting drug users, some of whom are in treatment for their drug or AIDS problems. Developed to supplement educational and counselling programmes, it aims to generate discussion about AIDS and drug use. Interspersed with comments from the drug users are written segments clarifying issues such as common excuses used to avoid taking precautions and ways to reduce risks. The price is US $125; it is available from: Conversations Video, Substance Abuse Services, Ward 92, San Francisco General Hospital, 1001 Potrero Avenue, San Francisco, CA 94110, USA; tel. 1-415-821-8764. ■

The Third International Conference on the Reduction of Drug-related Harm will be held on 23-26 March 1992 in Melbourne, Australia. The conference organizers are: Alcohol and Drug Foundation, P.O. Box 529, South Melbourne, Victoria 3205, Australia; tel. 61-03-690-6000; fax 61-03-690-3271. ■

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